

**MEDICATION SELF-ADMINISTRATION
Consent Form**

Student's Name: _____
(Please Print)

The following must be provided for the student to be eligible to self-administer asthma inhalers and/or auto-injectable epinephrine. Eligibility is only valid for this school for the current academic year. This consent form must be renewed each year and/or anytime a student changes schools.

- a written medical statement from a health-care provider who has prescriptive privileges that he/she has prescribed the asthma inhaler and/or auto-injectable epinephrine for the student and that the student needs to carry the medication on his/her person due to a medical condition;
- the specific medications prescribed for the student;
- * an individualized health care plan developed by the prescribing health-care provider containing the treatment plan for managing asthma and/or anaphylaxis episodes of the student and for medication use by student during school hours; and
- * a statement from the prescribing health-care provider that the student possesses the skill and responsibility necessary to use and administer the asthma inhaler and/or auto-injectable epinephrine to the nurse.

If the school nurse is available, the student shall demonstrate his/her skill level in using the asthma inhalers and/or auto-injectable epinephrine to the nurse.

Medications for self-mediations shall be supplied by the student's parent or guardian and be in the original container labeled with the student's name. The parent or guardian may choose to provide the school with additional appropriate medication (use form 4.35F) for the school to have available to deal with an asthma or anaphylaxis emergency.

My signature below is an acknowledgment that I understand that the District, its Board of Directors, and its employees shall be immune from civil liability for injury resulting from the self-administration of medications by the student named above.

Parent or legal guardian signature _____

Date _____

Teachers Name _____